Public Summary Quarterly Report

Note: Graphs are available for line items with (*). Items that are not available at this time are shaded in gray.

		Jul 2015 - Sep 2015			
		AlohaCare	HMSA	KAISER	'OHANA	UHC
QUEST Integration Population* - *The number of individuals in the QUEST Integration program by health plan that only have Medicaid (Medicaid Non-Dual) or have both Medicare and Medicaid (Medicaid Dual).*	AlohaCare	HMSA	KAISER	'OHANA	UHC
Medicaid Non-Dual	65,851	153,256	28,768	29,071	25,614
Medicaid Dual	851	1,258	401	13,760	15,527
Total Medicaid	66,702	154,514	29,169	42,831	41,141
% of Total Medicaid Population	20%	46%	9%	13%	12%
Member Call Center* - *Information on the operations of each health plan's member call center.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Member Calls	12,316	21,600	1,812	30,105	13,349
Avg. time until phone answered (minute:second)	00:32	00:09	00:14	00:35	00:18
Avg. time on phone with member (minute:second)	04:32	04:57	04:20	11:39	05:29
Longest wait time on hold (minute:second)	1:29	08:16	04:05	31:01	01:59
% of Member calls not answered	6%	1%	1.4%	4%	1.7%
Member Interpretation (verbal) Services* - *Information on the number of interpretation requests by members to each health plan.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Cantonese Requests	1	146	107	9	40
# of Mandarin Requests	10	113	32	13	35
# of Vietnamese Requests	6	101	129	21	23
# of Korean Requests	4	41	29	21	16
# of Ilocano Requests	14	22	2	16	5
# of Other Language Requests	26	112	70	223	21
Member Grievances & Appeals - *Information on grievances and appeals filed by members to each health plan.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Member Grievances Completed	124	37	32	138	199
# of Member Grievances In-Process	54	32	11	100	41
# of Member Appeals Completed	5	96	2	17	27
# of Member Appeals In-Process	4	61	0	11	28
Health Plan Member Appeal - *Information on appeal decisions made by each health plan.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Received	4	113	0	17	27
Resolved in favor of Member	1	62	0	14	8
Resolved in favor of Health Plan	3	26	0	4	19

Member Related

Public Summary Quarterly Report

Note: Graphs are available for line items with (*). Items that are not available at this time are shaded in gray.

Jul 2015 - Sep 2015					
	AlohaCare	HMSA	KAISER	'OHANA	UHC
DHS Member Appeals* - Information on appeals filed by members to the Department of Human Services (DHS).	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Received	0	2	0	1	2
Resolution in Member's favor	0	2	0	1	2
Resolution in DHS favor	0	0	0	0	0
Long Term Services and Support (LTSS) - Information on members receiving LTSS including NF, HCBS, and At-Risk. (C) -- Based on Claims	AlohaCare	HMSA	KAISER	'OHANA	UHC
Total Members receiving LTSS	124	366	143	3,376	4,563
# of Members in NF (C)	53	69	9	1,168	1,113
% of Members in NF/HCBS	75%	26%	15.9%	53%	13.8%
# of Members in HCBS (C)	71	231	59	2,208	2,193
# of HCBS Members in Residential Setting (CCFFH, ARCH/E-ARCH, and ALF) - (C)	6	23	14	684	962
# of HCBS Members in Self-Direction (C)	6	30	13	852	930
# of HCBS Members receiving other HCBS (C)	68	208	36	1,356	1,057
# of Members in At-Risk (C)	4	68	31	1,050	295
# of At-Risk Members in Self-Direction (C)	17	29	4	387	161
# of At-Risk Members receiving other HCBS (C)	1	62	8	352	134
Going Home Plus (GHP) Program - Information on members in the GHP program.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Active Members in GHP program	5	1	2	32	34
# of Members in Residential Setting (CCFFH, ARCH/ E-ARCH, and ALF) - (C)	3	1	1	15	16
# of Members receiving services in their homes	2	0	1	17	18
# Re-institutionalized	0	0	0	0	3
Provider Network - Information on the number of various providers in each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of PCPs	456	782	210	797	992
# PCPs - (accepting new members)	294	523	203	530	877
# Specialists	2,345	2,313	359	1,531	1,603
# Specialists (accepting new members)	1,089	2,313	359	964	1,568
# Behavioral Health Providers	711	1,356	63	643	825
# Behavioral Health Providers (accepting new members)	537	1,356	63	619	813
# Hospitals	26	26	14	24	24
# LTSS Facilities (Hosp./NF)	46	34	16	38	34
# Residential Setting (CCFFH, ARCH/E-ARCH, and ALF)	370	523	324	1,046	1,129
# HCBS Providers (except residential settings and LTSS facilities)	48	123	39	90	43
# Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,577	1,803	107	1,777	937
Total # of Providers	5,579	6,960	1,132	5,946	5,587

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		Jul 2015 - Sep 2015				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
Provider Related	**Timely Access** - *Information on the standard wait times for different member services.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
	Avg. wait time for PCP Pediatric Sick Visits (24 hours) - % of requests that meet waiting time standard	88%	91%	96%	93%	100%
	Avg. wait time for PCP Adult Sick Visits (72 hours) -% of requests that meet waiting time standard	91%	94%	91%	90%	19.4%
	Avg. wait time for BH (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	100%	86%	51%	93.0%	33.3%
	Avg. wait time for PCP visits (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	91%	88%	95%	93%	35.3%
	Avg. wait time for Specialist - (4 weeks) - % of requests that meet waiting time standard	97%	87%	90%	90%	30.5%
	Avg. wait time for Non-Emergent Hospital Stays - (4 weeks)- % of requests that meet waiting time standard	100%	82%	40%	93%	
	Provider Claims* - *Information on provider claims processed by each health plan.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
	% of Claims processed within 30 days (both electronic and paper)	99%	90%	100%	99%	98.6%
	% of Claims processed within 90 days (both electronic and paper)	100%	99%	100%	100%	99.3%
	% of Claims denied	13%	5%	6%	35%	2%
	% of Claims pended for additional information	0%	0%		0%	1.1%
	Value-driven Health Care* - *Information on provider participation in Value-based Purchasing. Value-based purchasing is a reimbursement methodology that pays providers for quality services instead of number of visits.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
	% of PCPs participating in Value-based Purchasing	47%	78%	100%	53%	31%
	% of Hospital participating in Value-based Purchasing	28%	75%	100%	7%	58%

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	Jul 2015 - Sep 2015				
	AlohaCare	HMSA	KAISER	'OHANA	UHC

Behavioral Health

Community Care Services (CCS) - *Information on members referred to the CCS program. CCS is a program for behavioral health services.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Referred to MQD	47	38	9	67	46
# Approved for CCS	39	26	7	48	42
% of Approval for CCS	83%	68%	78%	72%	91%

Behavioral Health Services* - *Information provided by 'Ohana Only on CCS members.*				'OHANA	
# of CCS Members				6,380	
% of CCS Members without Medicare refilling medication within 90 days of last refill				69%	
% of CCS Members without Medicare NOT refilling medication within 90 days of last refill				31%	
# of CCS Members with ED visits				140	
# of CCS Members with a Psychiatric Hospitalization				224	
# of CCS Members with a readmission within 7 days of post-psychiatric hospitalization				31	
# of CCS Members with an adverse event				22	

Service Coordination

Service Coordination - *Information on members receiving service coordination.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Members receiving Service Coordination (per 100 members)	6.80	1.39	0.59	264.1	12
# of Members receiving Service Coordination in LTSS (per 100 members)	1.38	0.24	0.15	198.9	94
# of Members receiving Service Coordination in SHCN (per 100 members)	5.97	1.15	0.22	65.2	73
% of Members in health plan receiving Service Coordination	0.57%	1%	1%	6%	12%

Dual Eligibles

Dual Eligible Summary - *Information on Medicaid dual eligible members receiving SHCN. Dual eligible members have both Medicare and Medicaid as their health insurance.*	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Medicaid dual members who had a HFA	8	2	47	26	46
# of Medicaid dual members who refused service coordination	6	3	14	0	0
# of Medicaid dual members who cannot be found	0	318	0	9	0

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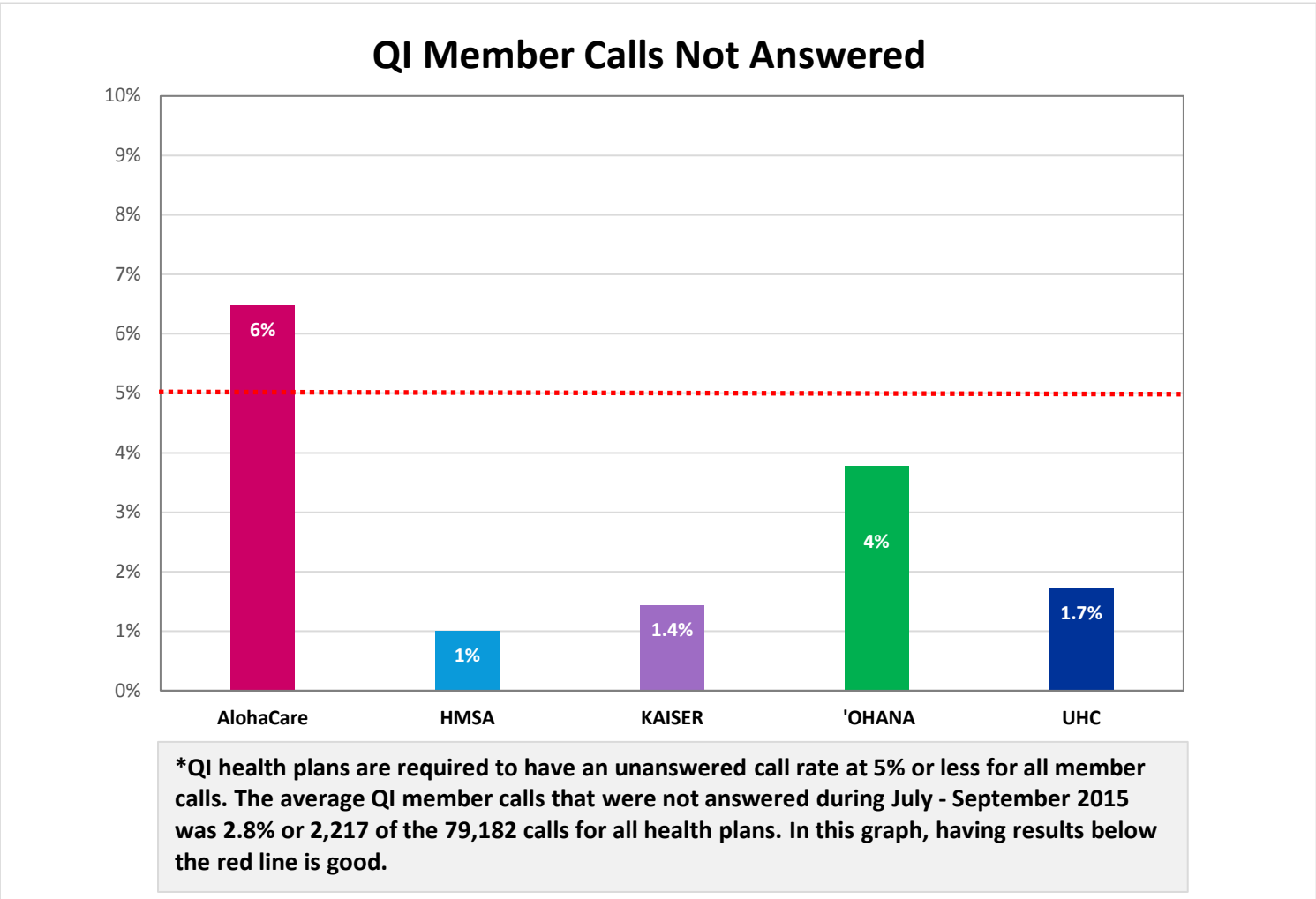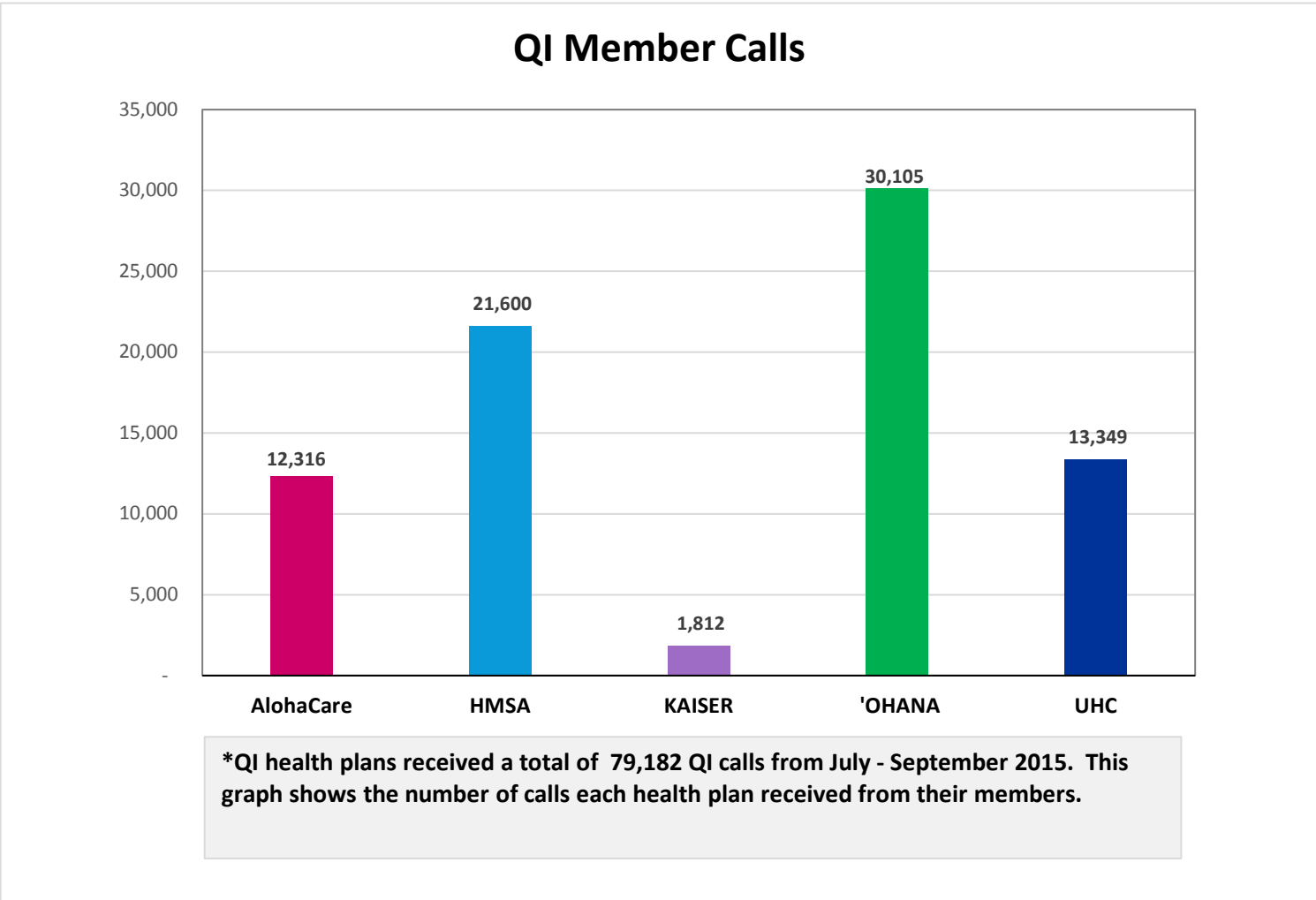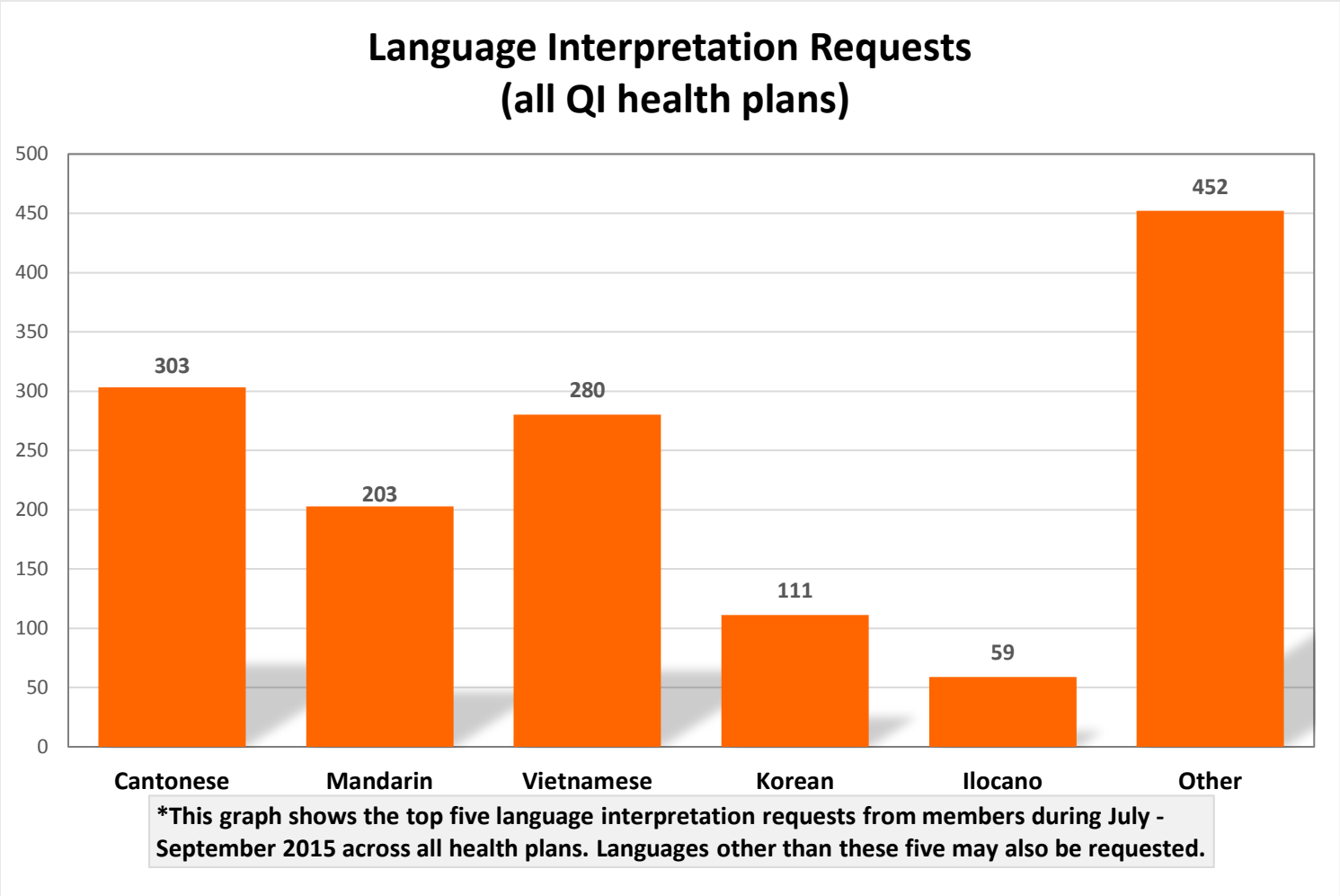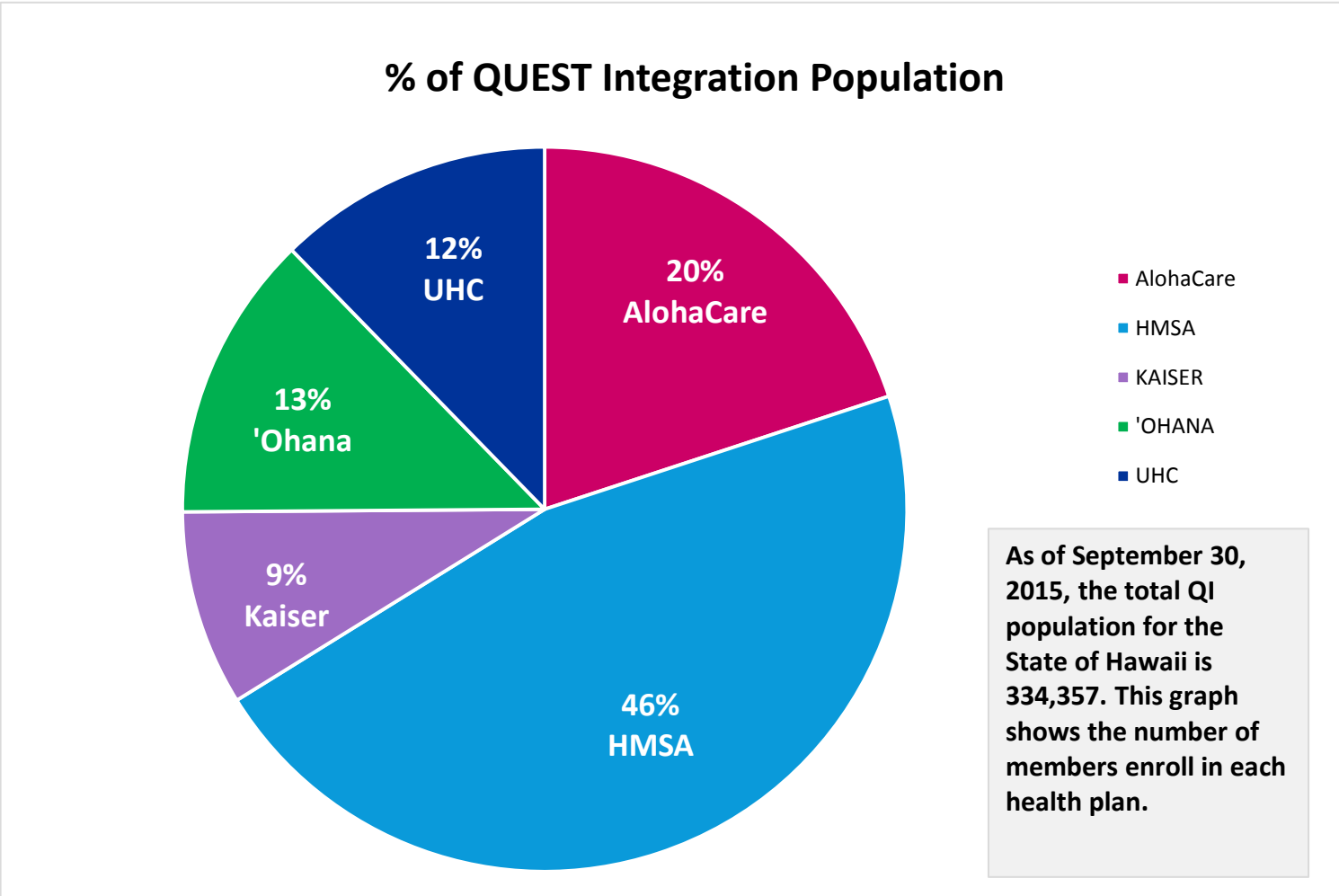|		Jul 2015 - Sep 2015				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
Utilization Management	**Prior Authorization (PA) Medical Requests -** *Information on medical prior authorization requests received by each health plan. This includes authorization requests for medical, behavioral health and LTSS.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Received	4,456	1,699	1,399	5,601	8,128
	# Approved	3,790	1,633	1,367	5,573	7,264
	% of Approval	85%	96%	98%	99.5%	89%
	Avg time to complete a PA in days	7.5	7.5	7	4	3.9
	Prior Authorization (PA) Pharmacy Requests - *Information on pharmacy prior authorization requests received by health plan.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Received	279	1,652		2,112	696
	# Approved	261	1,081		1,322	402
	% of Approval	94%	65%		63%	58%
	Avg time to complete a PA in days	6	0		1	4
	Utilization of Service* - *Information on services utilized by members.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	Hospital Readmissions within 30 days	91	135	30	141	163
	# of Members with ED visit (per 100 members)	16	10	7	48	11
	% of Members with ED visit NOT admitted to hospital	93%	94%	97%	88%	12%
	% of Members with ED visit admitted to hospital	7%	6%	3%	12%	88%
	Avg Hospital length of stay (days- a day is 24hrs or longer)	3.98	3.1	4.3	5.4	5.7
	# of Hospital Admissions (per 100 members)	25.39	1.9	0.3	9.9	3.9
	# of Members with HAC and OPPC (per 100 members)	0	0	0	0.07	0.008
	# of Members receiving Hep C treatment drugs (per 100 members)	0.108	0.017	0.02	0.053	0.03

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Legend:
ALF = Assisted Living Facilities
C = Based on claims
CCFFH = Community Care Foster Family Homes
CCS = Community Care Services
DHS = Department of Human Services
E-ARCH = Expanded Adult Residential Care Homes
ED = Emergency Department
FQHC = Federal Qualified Health Center
GHP = Going Home Plus
HAC = Health Care Acquired Condition
HCSB = Home and Community Based Services
Hep C = Hepatitis C
HFA = Health and Functional Assessment
HHA = Home Health Agencies
Hosp = Hospital
LTSS = Long Term Services and Supports
Medicaid Dual = Individual with both Medicare and Medicaid
MQD = Med-QUEST Division
NF = Nursing Facility
Other HCBS (At-Risk)= Adult Day Care, Adult Day Health, Home Delivered Meals, Personal Care, Personal Emergency Response System and Skilled Nursing
OPPC = Other Provider Preventable Conditions
PA = Prior Authorization
PCMH = Patient-Centered Medical Home
PCP = Primary Care Provider
QI = QUEST Integration
Residential Settings = CCFFH, ALF, ARCH/E-ARCH
SHCN = Special Health Care Needs
Value-based Purchasing = A program that awards participating providers based on performance.

Line items with "(per 100 members)" means the item is based on every 100 members on an annualized basis. This enables health plans of different sizes to be compared and to compare different time periods (by annualizing). An example would be "8 members with ED visit per hundred members". This means that for every 100 members, 8 members visited ED every year. So, a health plan with 100,000 members would have 8,000 ED visits.
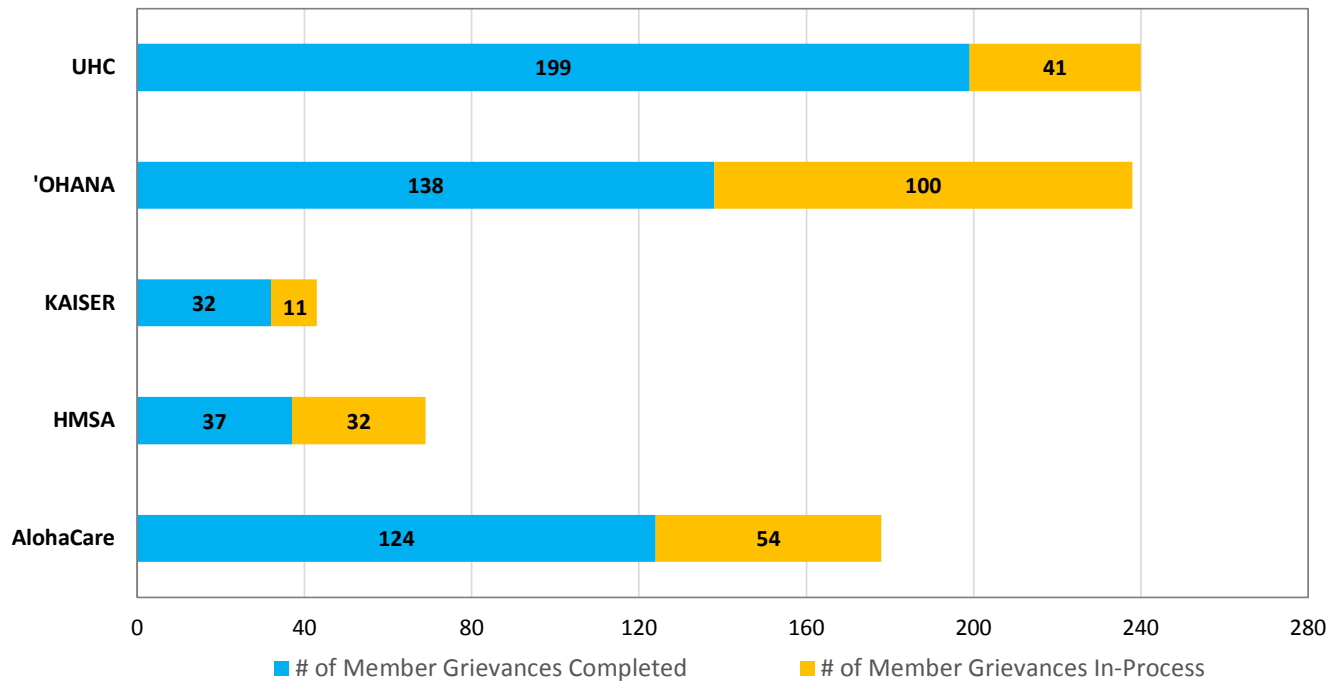
PUBLIC SUMMARY QUARTERLY REPORT - MEMBER RELATED

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC cover members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show the services provided by all health plans to QI members for the State of Hawaii. For more information on services provided by QI health plans, see the PSR - Quarterly tab.
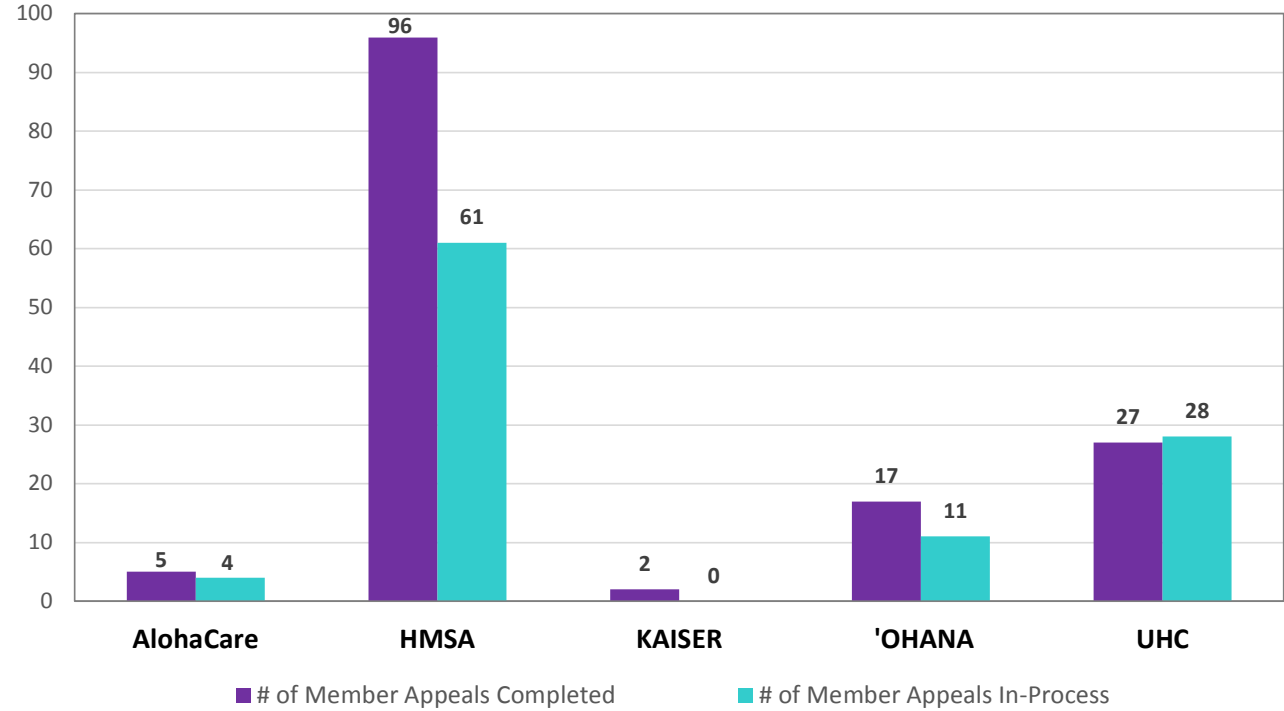
% of QUEST Integration Population

- AlohaCare 20%
- HMSA 46%
- KAISER 9%
- 'OHANA 13%
- UHC 12%

As of September 30, 2015, the total QI population for the State of Hawaii is 334,357. This graph shows the number of members enroll in each health plan.

Language Interpretation Requests (all QI health plans)

Cantonese	Mandarin	Vietnamese	Korean	Ilocano	Other
303	203	280	111	59	452

*This graph shows the top five language interpretation requests from members during July - September 2015 across all health plans. Languages other than these five may also be requested.

QI Member Calls

AlohaCare	HMSA	KAISER	'OHANA	UHC
12,316	21,600	1,812	30,105	13,349

*QI health plans received a total of 79,182 QI calls from July - September 2015. This graph shows the number of calls each health plan received from their members.

QI Member Calls Not Answered

AlohaCare	HMSA	KAISER	'OHANA	UHC
6%	1%	1.4%	4%	1.7%

*QI health plans are required to have an unanswered call rate at 5% or less for all member calls. The average QI member calls that were not answered during July - September 2015 was 2.8% or 2,217 of the 79,182 calls for all health plans. In this graph, having results below the red line is good.

PUBLIC SUMMARY QUARTERLY REPORT - MEMBER RELATED

Member Grievances Completed and In-Process

Plan	# of Member Grievances Completed	# of Member Grievances In-Process
UHC	199	41
'OHANA	138	100
KAISER	32	11
HMSA	37	32
AlohaCare	124	54

■ # of Member Grievances Completed ■ # of Member Grievances In-Process

*This chart shows the number of member grievances completed by the health plans during July - September 2015. It also shows the number of member grievances that are in the process of being reviewed.

Member Appeals Completed and In-Process

Plan	# of Member Appeals Completed	# of Member Appeals In-Process
AlohaCare	5	4
HMSA	96	61
KAISER	2	0
'OHANA	17	11
UHC	27	28

■ # of Member Appeals Completed ■ # of Member Appeals In-Process

*This chart shows the number of member appeals completed by the health plans during July - September 2015. It also shows the number of member appeals that are in the process of being reviewed.

Department of Human Services (DHS) QUEST-Integration Member Appeals

Plan	# Received	Resolution in Member's favor	Resolution in DHS favor
AlohaCare	0	0	0
HMSA	2	2	0
KAISER	0	0	0
'OHANA	1	1	0
UHC	2	2	0

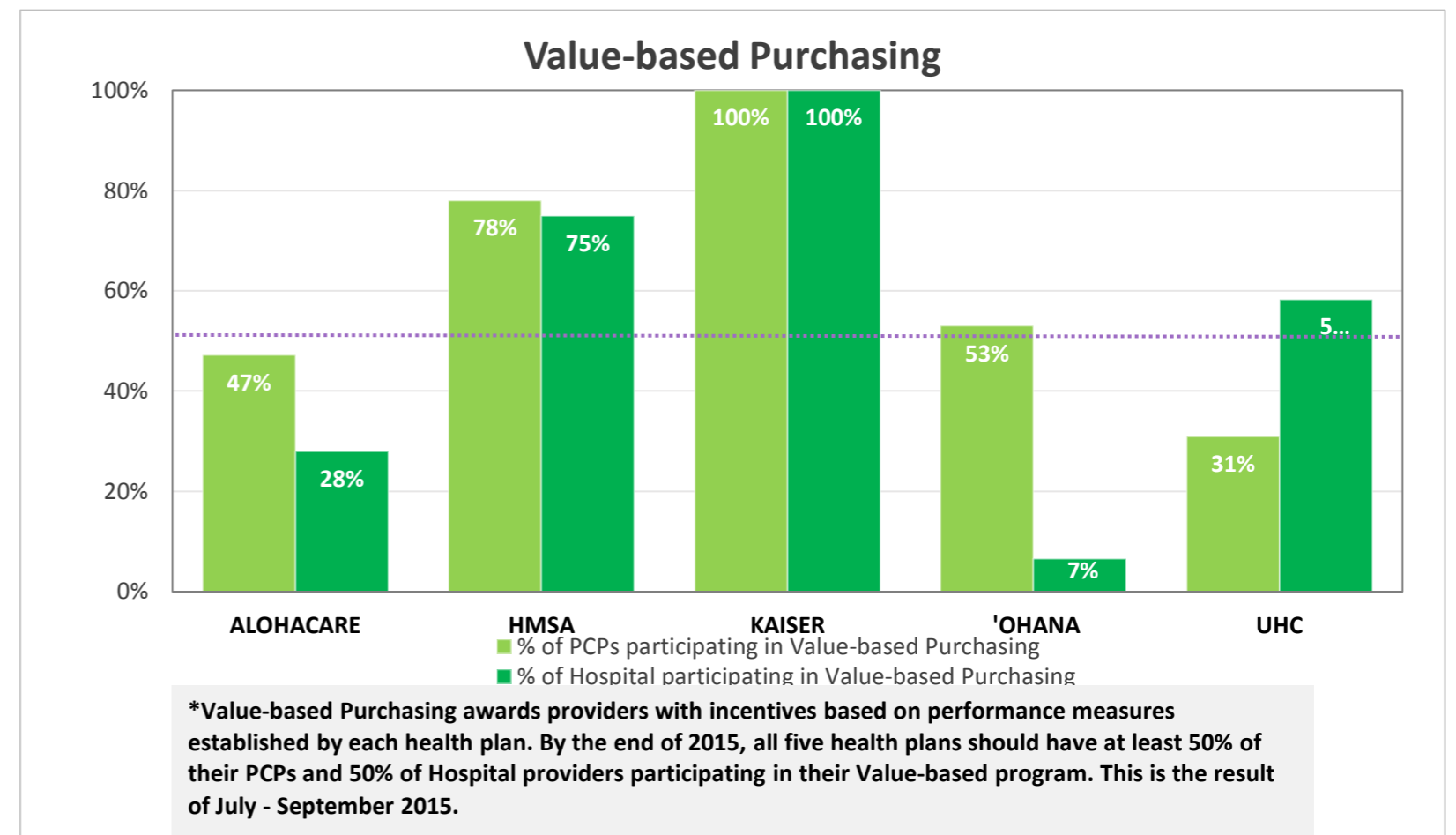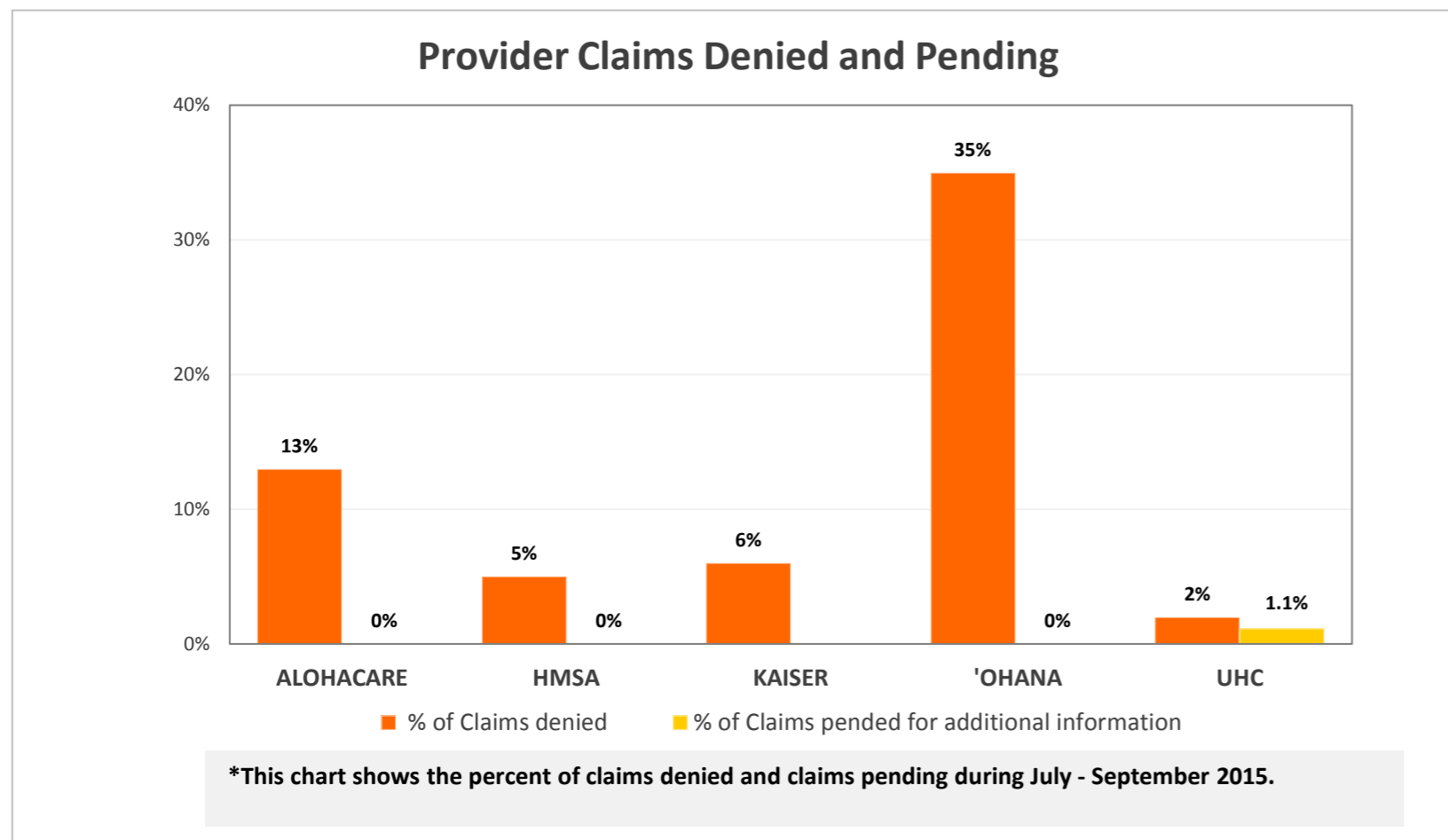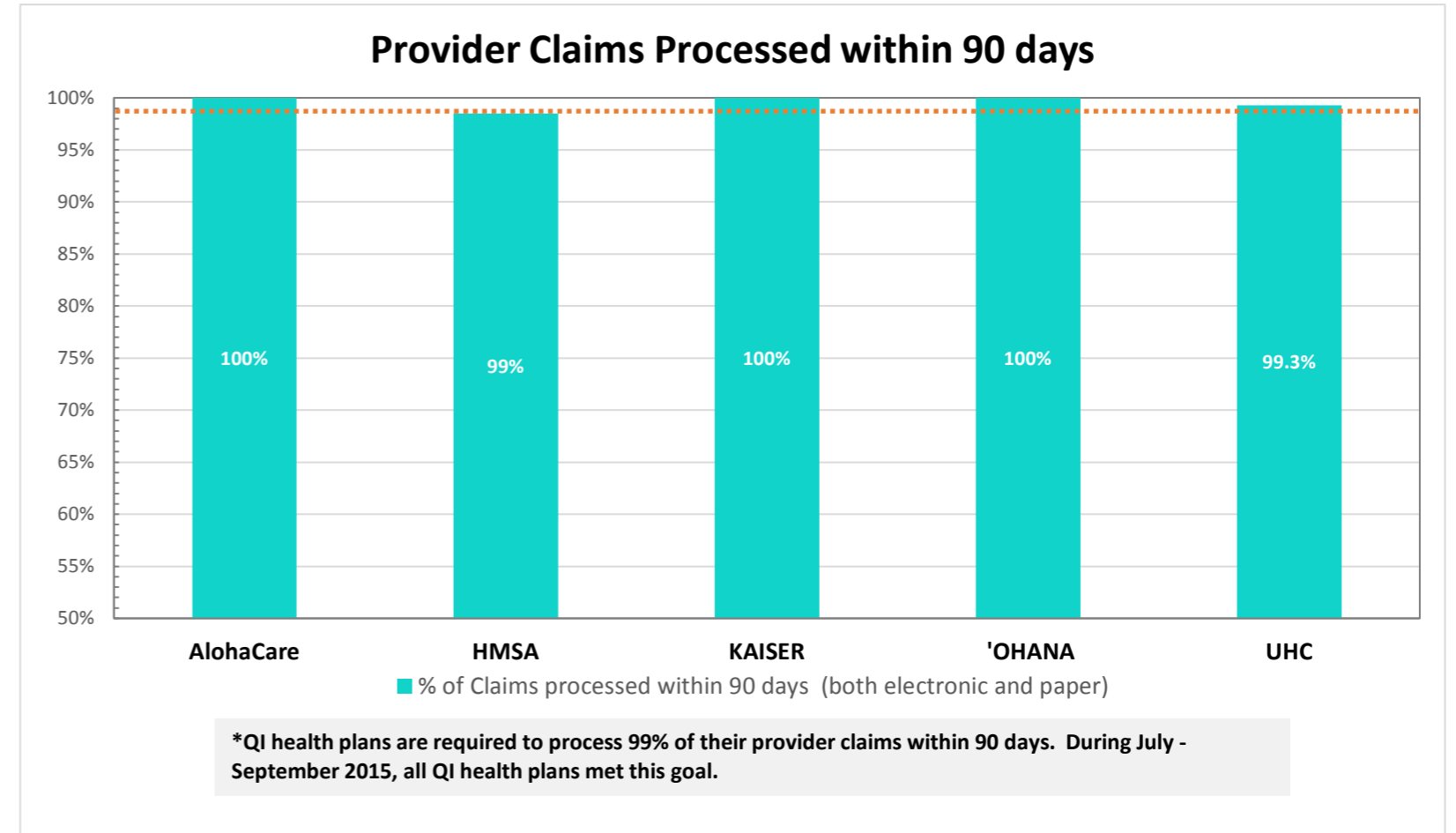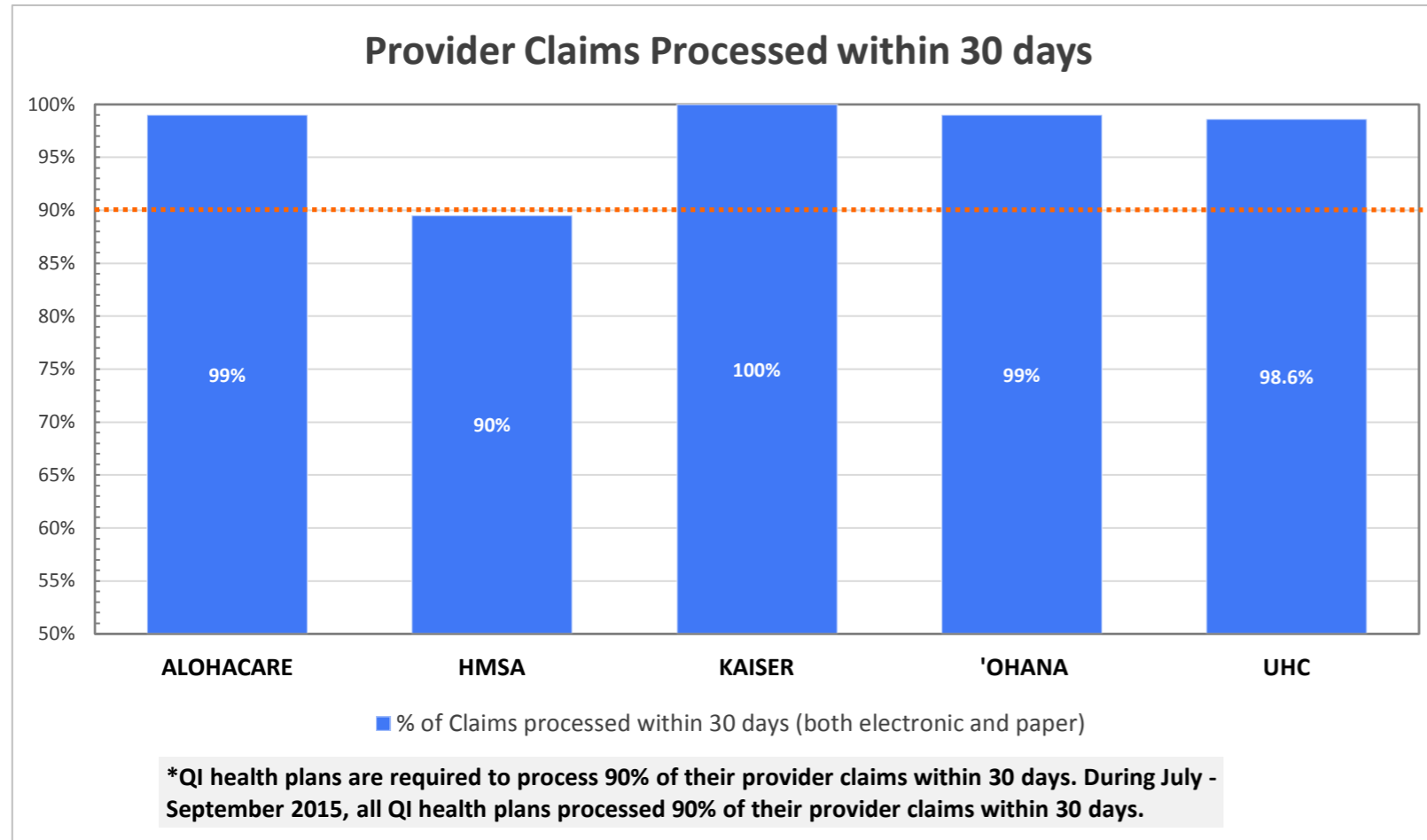■ # Received ■ Resolution in Member's favor ■ Resolution in DHS favor
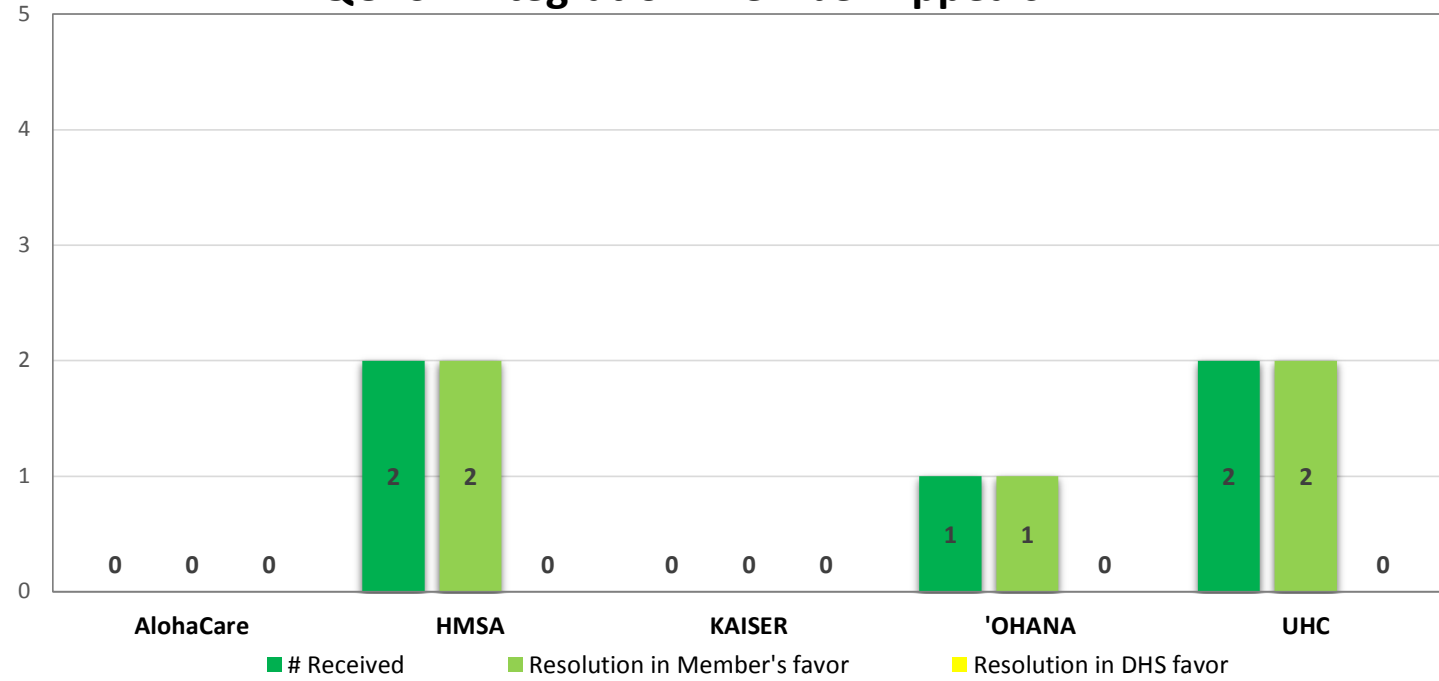
*This graph shows the total number of member appeals received by DHS during July - September 2015. It also shows how many appeals were resolved in favor of the member and appeals that were resolved in favor of DHS.
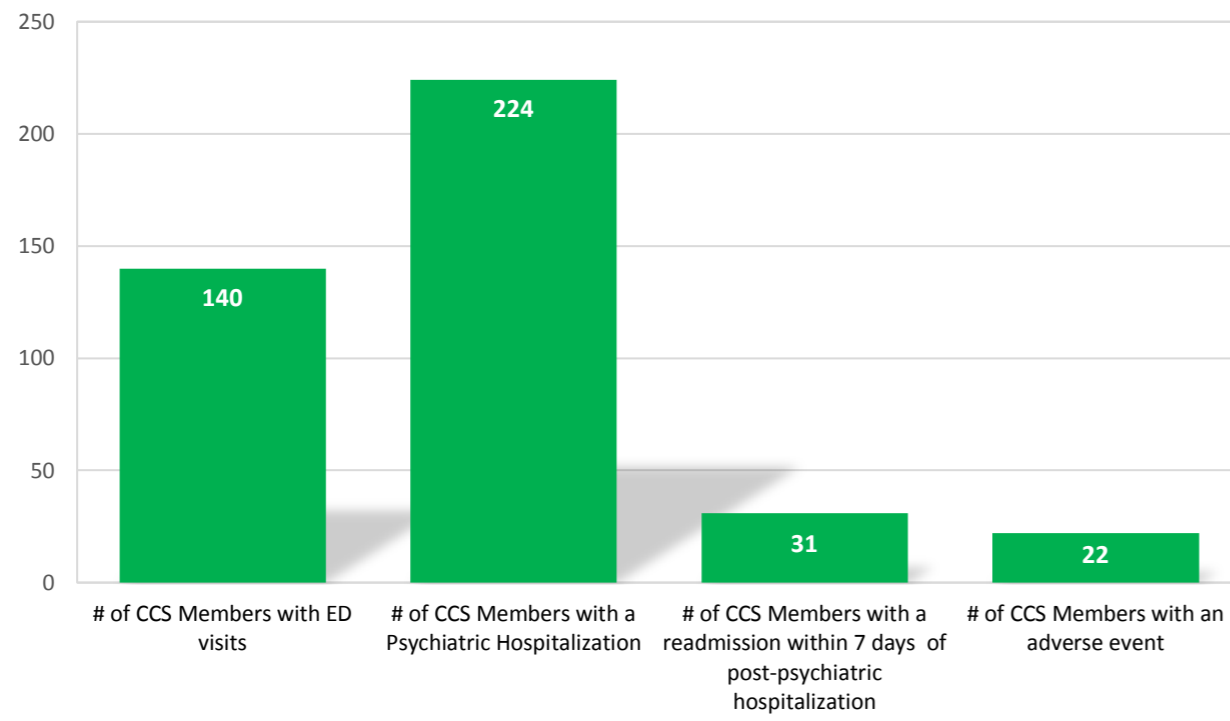
PUBLIC SUMMARY QUARTERLY REPORT - PROVIDER RELATED

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC covers members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show provider claims (both electronic and paper) processed by health plans and the value-based purchasing required by the QI program. For more information on services provided by QI health plans, see the PSR - Quarterly tab.

Provider Claims Processed within 30 days

Legend: % of Claims processed within 30 days (both electronic and paper)

ALOHACARE 99%, HMSA 90%, KAISER 100%, 'OHANA 99%, UHC 98.6%

*QI health plans are required to process 90% of their provider claims within 30 days. During July - September 2015, all QI health plans processed 90% of their provider claims within 30 days.

Provider Claims Processed within 90 days

Legend: % of Claims processed within 90 days (both electronic and paper)

AlohaCare 100%, HMSA 99%, KAISER 100%, 'OHANA 100%, UHC 99.3%

*QI health plans are required to process 99% of their provider claims within 90 days. During July - September 2015, all QI health plans met this goal.

Provider Claims Denied and Pending

Legend: % of Claims denied, % of Claims pended for additional information

ALOHACARE 13% / 0%, HMSA 5% / 0%, KAISER 6%, 'OHANA 35% / 0%, UHC 2% / 1.1%

*This chart shows the percent of claims denied and claims pending during July - September 2015.

Value-based Purchasing

Legend: % of PCPs participating in Value-based Purchasing, % of Hospital participating in Value-based Purchasing

ALOHACARE 47% / 28%, HMSA 78% / 75%, KAISER 100% / 100%, 'OHANA 53% / 7%, UHC 31% / 5...%

*Value-based Purchasing awards providers with incentives based on performance measures established by each health plan. By the end of 2015, all five health plans should have at least 50% of their PCPs and 50% of Hospital providers participating in their Value-based program. This is the result of July - September 2015.

PUBLIC SUMMARY QUARTERLY REPORT - BEHAVIORAL HEALTH

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC covers members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show Community Care Services (CCS) provided by 'Ohana health plan. For more information on services provided by QI health plans, see the PSR - Quarterly tab.

Community Care Services (CCS) Provided by 'Ohana Health Plan

Category	Value
# of CCS Members with ED visits	140
# of CCS Members with a Psychiatric Hospitalization	224
# of CCS Members with a readmission within 7 days of post-psychiatric hospitalization	31
# of CCS Members with an adverse event	22

*Based on 'Ohana CCS Behaviroral Health data from July - September 2015.

Medication Refills by CCS Members Without Medicare

- % of CCS Members without Medicare refilling medication within 90 days of last refill — 69%
- % of CCS Members without Medicare NOT refilling medication within 90 days of last refill — 31%
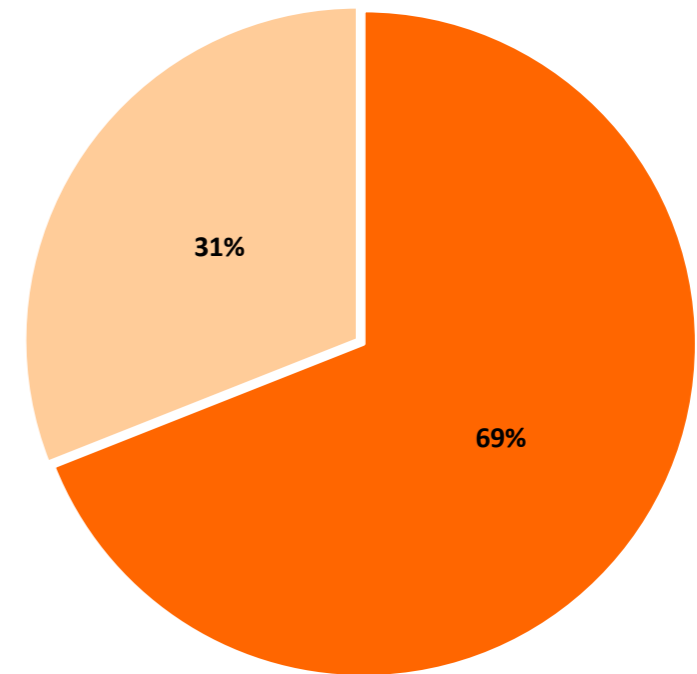
*This data is based on 'Ohana CCS members without Medicare during July - September 2015. Members with Medicare will have their prescriptions covered by Medicare.

PUBLIC SUMMARY QUARTERLY REPORT - UTILIZATION MANAGEMENT

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC covers members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract.The following graphs show the Emergency Department (ED) services utilizied by QI members. For more information on services provided by QI health plans, see the PSR - Quarterly tab.

Utilization of Emergency Department (ED) Services by AlohaCare Members

7%

93%
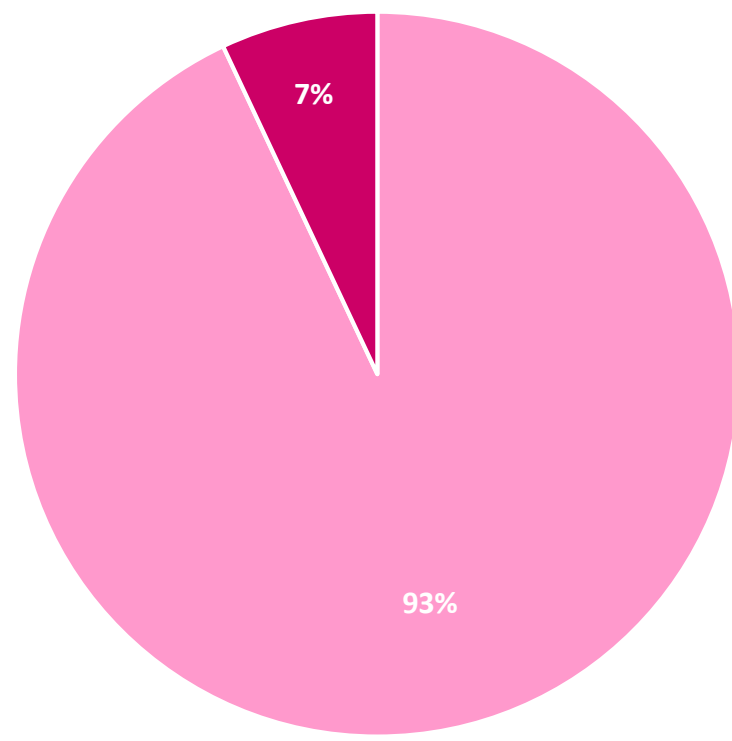
A total of 10,671 members visited the Emergency Department during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
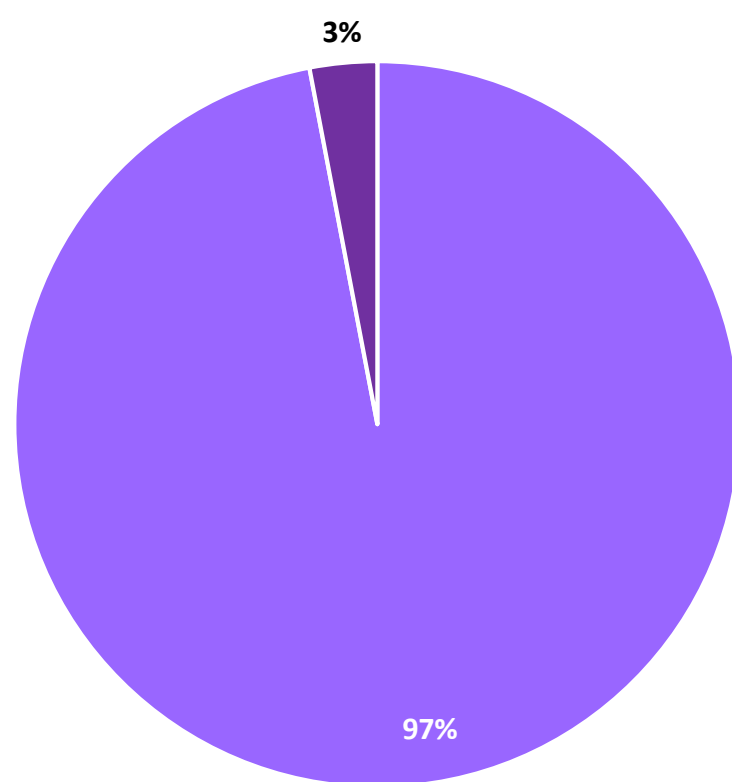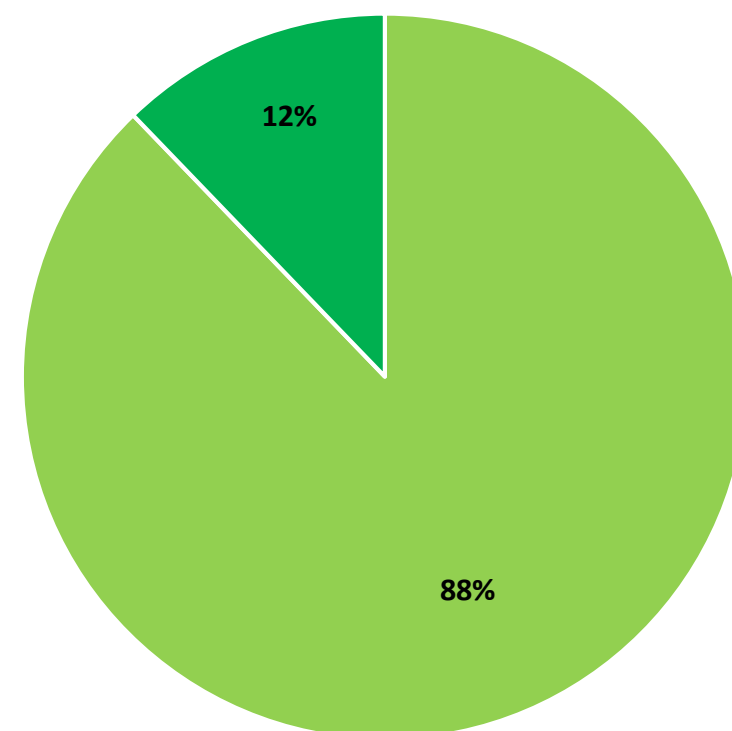- % of Members with ED visit admitted to hospital

Utilization of Emergency Department (ED) Services by HMSA Members

6%

94%
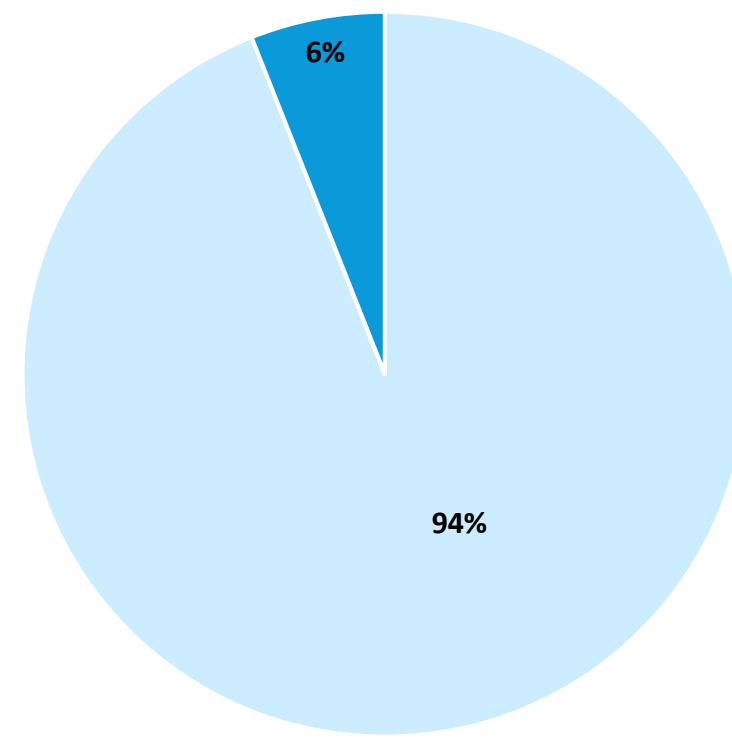
A total of 15,451 members visited the Emergency Department during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital

Utilization of Emergency Department (ED) Services by Kaiser Members

3%

97%

A total of 2,041 members had an ED visit during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
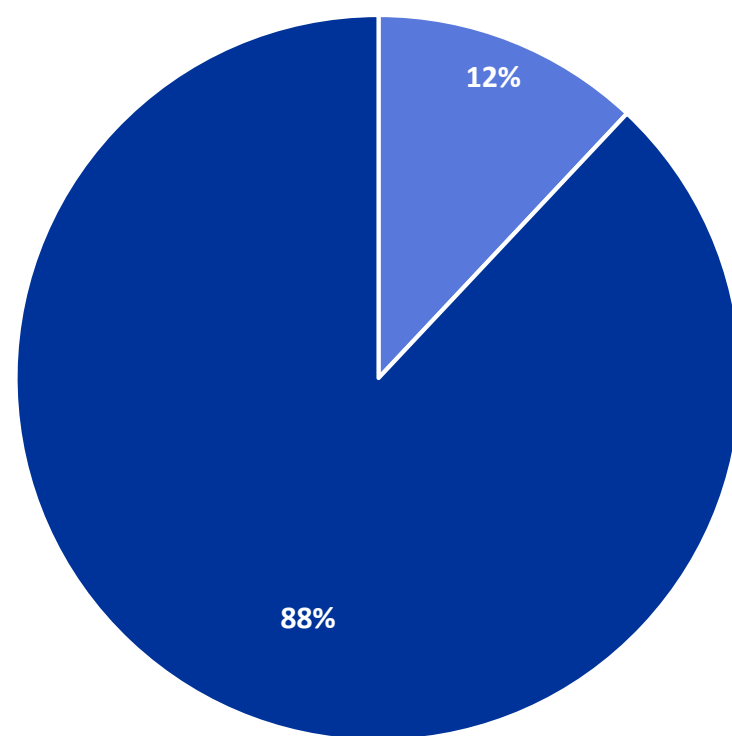- % of Members with ED visit admitted to hospital

Utilization of Emergency Department (ED) Services by 'Ohana Members

12%

88%

A total of 20,558 members had an ED visit during July-September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital

Utilization of Emergency Department (ED) Services by United Members

12%

88%

A total of 4,525 members had an ED visit during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital